



STATE OF VERMONT

APPLICATION FOR LICENSE BY LICENSED MANUFACTURER  
OR RECTIFIER TO SELL VINOUS BEVERAGES (VT. FERMENTATION)

20\_\_\_\_\_

4<sup>th</sup> CLASS

License Year: May 1 through  
April 30 of the following year..

Make check payable to and  
mail to:  
Vermont Dept. of Liquor Control  
Green Mountain Drive  
Montpelier, Vt. 05620-4501

Fee: \$50.00

\_\_\_\_\_  
Print Full Name of Person, Partnership, Corporation or LLC

\_\_\_\_\_  
Doing Business As - Trade Name

\_\_\_\_\_  
Street and street number or premises covered by this application

\_\_\_\_\_  
Town or City & Zip Code

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Mailing Address (if different from above)

Application is hereby made for a 4<sup>th</sup> Class license by a licensed manufacturer or rectifier of vinous beverages to sell vinous beverages to the public provided that such beverages are produced by fermentation by the manufacturer or rectifier in Vermont under and in accordance with Title 7 of the Vermont Statutes Annotated as amended and certify that all statements, information and answers to questions herein contained are true and in consideration of such license being granted do promise and agree to comply with all laws (state and local); to comply with all regulations made and promulgated by the Liquor Control Board to allow the Liquor Control Board and any of their assistants and investigators to examine at any time the premises, supply of beverages, records and papers in reference thereto; to keep such records as the Liquor Control Board may require; and upon hearing, the Liquor Control Board may at its discretion suspend or revoke such license whenever it may determine that the law or any regulations of the Liquor Control Board have been violated, or that any statement, information or answers herein contained are false.

Are you applying as (circle one)      Individual,      Partnership,      Corporation,      or LLC  
Please fill in name, address, social security number, date and place of birth of individual, partners, directors or members.

Name	Address	SS#	Date/ Place Birth
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are all citizens of the United States and residents of Vermont? \_\_\_\_\_

If naturalized please fill in the following::

Name	Court where naturalized	Date
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_____	_____	_____
_____	_____	_____

Please give name, title, date attended of a manager, director, partner who has attended a Liquor Control Education Seminar.

Name \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

APPLICANTS: Describe fully the premises for which this application is made (i.e. type of construction, number of stories, location, etc.)

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Does applicant:

☐ Lease

☐ Rent

☐ Hold title to property

Name and address of Lessor: \_\_\_\_\_

\_\_\_\_\_

Dated at \_\_\_\_\_ in County of \_\_\_\_\_

State of Vermont on this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

I/We hereby certify under pains and penalties of perjury, that I/we are in good standing with respect to or in compliance with a plan approved by the Commissioner of Taxes to pay any and all taxes due to the State of Vermont on the date of this application (VSA, Title 32, sub section 3113).

The applicant understands and agrees that the Liquor Control. Board may obtain criminal history record information from State and Federal record repositories prior to acting on this application.

I/We hereby certify that the information in this application is true and complete.

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\_\_\_\_\_  
Signature of authorized agent

\_\_\_\_\_  
Signature of Individual, partners, members